Revision: HCFA-PM-87-4

(BERC) MARCH 1987

> STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Medical Assistance Program

> > Wyoming

State/Territory:

## TABLE OF CONTENTS

SECTION	P	AG	E MUMBERS
State Plan Submittal Statement	•	•	. 1
SECTION 1 - SINGLE STATE AGENCY ORGANIZATION	•		. 2
1.1 Designation and Authority			. 2
1.2 Organization for Administration	•	•	. 7
1.3 Statewide Operation		•	. 8
1.4 State Medical Care Advisory Committee			. 9

Revision: HCFA-PM-87-4 (BERC) OMB No. 0938-0193

MARCH 1987

28C1108	CAAGMUM AL
SECTION 2 - COVERAGE AND ELIGIBILITY	. 10
2.1 Application, Determination of Eligibility and Furnishing Medicaid	. 10
2.2 Coverage and Conditions of Eligibility	. 12
2.3 Residence	. 13
2.4 Blindness	. 14
2.5 Disability	. 15
2.6 Financial Eligibility	. 16
2 7 Medicaid Eurnished Out of State	19

Revision: HCFA-PM-87-4 OMB No. 0938-0193 (BERC)

**MARCH 1987** 

<u>SECTION</u> PAG	R NUMBERS
SECTION 3 - SERVICES: GENERAL PROVISIONS	. 19
3.1 Amount, Duration, and Scope of Services	. 19
3.2 Coordination of Medicaid with Medicare Part B	. 29
3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases	. 30
3.4 Special Requirements Applicable to Sterilization Procedures	. 31
3.5 Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries	. 31a
3.6 Ambulatory Prenatal Care for Pregnant Women during Presumptive Eligibility Period	. 31b

Revision: HCFA-PM-87-4 (BERC)	OMB No.	0938-0193
-------------------------------	---------	-----------

MARCH 1987

SECTION	PAGE NUMBERS
SECTION 4 - GENERAL PROGRAM ADMINISTRATION	32
4.1 Methods of Administration	32
4.2 Hearings for Applicants and Recipients	33
4.3 Safeguarding Information on Applicants and Recipients	34
4.4 Medicaid Quality Control	35
4.5 Medicaid Agency Fraud Detection and Investigation Program	36
4.6 Reports	37
4.7 Maintenance of Records	38
4.8 Availability of Agency Program Manuals	39
4.9 Reporting Provider Payments to the Internal Revenue Service	40
4.10 Free Choice of Providers	41
4.11 Relations with Standard-Setting and Survey Agencies	42
4.12 Consultation to Medical Facilities	44
4.13 Required Provider Agreement	45
4.14 Utilization Control	46
4.15 Inspections of Care in Skilled Mursing and Intermediate Care Facilities and Institutions for Mental Diseases	, 51
4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees	52
4.17 Liens and Recoveries	53
4.18 Cost Sharing and Similar Charges	54
4.19 Payment for Services	57

iv

OMB No. 0938-0193

Revision: HCFA-PM-90-2 (BPD)

JANUARY 1990

South Bridge Control of the Control

	SECTION					P	AGE	<u> </u>	NUMBERS
4.20	Direct Payments to Certain Recipients for Physicians' or Dentists' Services							,	67
4.21	Prohibition Against Reassignment of Provider Claims								68
4.22	Third Party Liability			•					69
4.23	Use of Contracts								71
4.24	Standards for Payments for Skilled Nursing and Intermediate Care Facility Services			•					72
4.25	Program for Licensing Administrators of Nursing Homes			•					73
4.26	RESERVED				•				74
4.27	Disclosure of Survey Information and Provider or Contractor Evaluation								75
4.28	Appeals Process for Skilled Nursing and Intermediate Care Facilities		•	•					76
4.29	Conflict of Interest Provisions			•					77
4.30	Exclusion of Providers and Suspension of Practitioners Convicted and Other Individuals .								78
4.31	Disclosure of Information by Providers and Fiscal Agents				•				79
4.32	Income and Eligibility Verification System	•				•			79
4.33	Medicaid Eligibility Cards for Homeless Individuals								79a
4.34	Systematic Alien Verification for Entitlements								79b
4.35	Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirements of Participation								79c

V

TN No. 90-18
Supersedes
TN No. 87-10

Approval Date 12/28/90

Effective Date  $\frac{11/26/90}{}$ 

HCFA ID: 1002P/0010P

	Revision: HCFA-PM-87-4 (BERC) MARCH 1987	OMB No. 0938-0193
-	SECTION	PAGE NUMBERS
	SECTION 5 - PERSONNEL ADMINISTRATION	80
	5.1 Standards of Personnel Administration	80
	5.2 RESERVED	81
	5.3 Training Programs; Subprofessional and Volunteer Programs	82

vi

TN No. 87-6 Supersedes TN No.

Approval Date 9-2-87

Effective Date 7-/-87

HCFA ID: 1002P/0010P

Revision:	HCFA-PM-87-4 MARCH 1987	(BERC)											(	OM	В	No	. 0938-019	93
	SECTION													!	PA	GE	NUMBERS	
SECTION 6	- FINANCIAL ADM	INISTRATION .			•		•	•	•		•	•	•		•	•	83	
6.1 Fis	cal Policies and	1 Accountabili	t <b>y</b>	•		•				9					•	•	83	
6.2 Cos	t Allocation .					•			•				•		•		84	
6.3 Sta	te Financial Pa	rticipation .															85	

vii

Revision:	HCFA-PM-91- 4 August 1991	(BPD)									(	IMC	B 1	O	. (	9:	38-	-
	SECTION											<b>P</b> /	\G	E_1	וטא	MB	ERS	ž
SECTION 7	- GENERAL PROVISION	ONS .	•			•	•	•					•					86
7.1 P	ian Amendments		•						•	•		•						86
7.2 No	ondiscrimination .			•				•						•		•		87
7.3 Ma	intenance of AFDC	Effort	<u>.</u>			•			•					•	•			88
7.4 St	ate Governor's Re	view .													•	•	•	89

viii

TN No. 91-13
Supersedes 87-6 Approval Date 11492 Effective Date 12191

HCFA ID: 7982E

1

Revision: HCFA-PM-91- 4 (BPD) CMB No.: 0938-AUGUST 1991 Page 1

LIST OF ATTACHMENTS

	LIST OF ATTACHMENTS
<u>No</u> .	Title of Attachment
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
2.1-A	Definition of an HMO that Is Not Federally Qualified
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	• Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18  * Supplement 2 - Definitions of Blindness and Disability (Territories only)  • Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (States only)
	• Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
	<ul> <li>Supplement 2 - Resource Levels - Categorically Needy,</li></ul>
	* Supplement 3 - Reasonable Limits on Amounts for Necessary  Medical or Remedial Care Not Covered under  Medicaid
	<ul> <li>Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program</li> </ul>

\*Forms Provided

TN No. 91-13
Supersedes 87-6 Approval Date 11492 Effective Date 12191

HCFA ID: 7982E

	,	HCFA-PM-91-8 October 1991	( MB )	OME No.: Page 2
	-	i.	3	Title of Attachment
		* Supplement	5 -	Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
a		* Supplement	5 <b>a-</b>	Methodologies for Treatment of Resources for Individuals With Incomes Up to a Percentage of the Federal Poverty Level
	•	* Supplement	6 -	Standards for Optional State Supplementary Payments
		* Supplement	7 -	Income Levels for 1902(f) States - Categorically Needy Who Are Covered under Requirements More Restrictive than SSI
		* Supplement	8 -	Resource Standards for 1902(f) States - Categorically Needy
		* Supplement	8 <b>a-</b>	More Liberal Methods of Treating Income Under Section 1902(r)(2) of the Act
		* Supplement	8 <b>p</b> -	More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act
		* Supplement	9 -	Transfer of Resources
		* Supplement	10-	Consideration of Medicaid Qualifying TrustsUndue Hardship
<u>.</u>		* Supplement	11-	Cost-Effective Methods for COBRA Groups (States and Territories)
	+2.6-A	Eligibility Co	onditio	ons and Requirements (Territories only)
		* Supplement	1 -	Income Eligibility Levels - Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
		* Supplement	2 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
		* Supplement	3 -	Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy
		* Supplement	4 -	Consideration of Medicaid Qualifying TrustsUndue Hardship
		<ul> <li>Supplement</li> </ul>	5 -	More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
		* Supplement	6 -	More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act
	*Forms	Provided		
	TN No	93-001		-1.122
	Supers	edes Approva	l Date	2/18/93 Effective Date 1 1 93
	TN No.	41.13		HCFA ID: 7982E

OMB No.: 0938-Revision: HCFA-PM-91-4 (BPD) Page 3 AUGUST 1991 Title of Attachment No. \*3.1-A Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy ◆ Supplement 1 -Case Management Services Supplement 2 -Alternative Health Care Plans for Families Covered Under Section 1925 of the Act \*3.1-B Amount, Duration, and Scope of Services Provided Medically Needy Groups 3.1-C Standards and Methods of Assuring High Quality Care 3.1-D Methods of Providing Transportation \*3.1-E Standards for the Coverage of Organ Transplant Procedures Standards for Institutions 4.11-A 4.14-A Single Utilization Review Methods for Intermediate Care Facilities 4.14-B Multiple Utilization Review Methods for Intermediate Care Facilities 4.16-A Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees 4.17-A Determining that an Institutionalized Individual Cannot Be Discharged and Returned Home \*4.18-A Charges Imposed on Categorically Needy \*4.18-B Medically Needy - Premium

- \*4.18-C Charges Imposed on Medically Needy and other Optional Groups
- \*4.18-D Premiums Imposed on Low Income Pregnant Women and Infants
- \*4.18-E Premiums Imposed on Qualified Disabled and Working Individuals
- 4.19-A Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care

## \*Forms Provided

TN No. 9/-/3 Supersedes Approval Date TN No. 90-8	1/14	لر ہ	Effective	Date	12-11	91
TN No. <u>40-18</u> 87-6	7		HCFA ID:	7982E		

The Company of the Co

The state of the s

Revision: HCFA-PM-91-8 (MB) OMB No.: October 1991 Page 4

No. Title of Attachment

- 4.19-B Methods and Standards for Establishing Payment Rates Other Types of Care
  - \* Supplement 1 Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance
- 4.19-C Payments for Reserved Beds
- 4.19-D Methods and Standards for Establishing Payment Rates Skilled Nursing and Intermediate Care Facility Services
- 4.19-E Timely-Claims Payment Definition of Claim
- 4.20-A Conditions for Direct Payment for Physicians' and Dentists' Services
- 4.22-A Requirements for Third Party Liability -- Identifying Liable Resources
- \*4.22-B Requirements for Third Party Liability--Payment of Claims
- \*4.22-C Cost-Effective Methods for Employer-Based Group Health Plans
- \*4.32-A Income and Eligibility Verification System Procedures: Requests to Other State Agencies
- \*4.33-A Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
- 7.2-A Methods of Administration Civil Rights (Title VI)

\*Forms Provided

TN No. 93 001
Supersedes Approval Date 2 18 93
Effective Date 1 1 93
TN No. 9202
HCFA ID: 7982E